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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/08)							Application Number 101748185		Filing Date		
Applicant(s) 4-24-06							* May be used for additional claims or amendments				
CLAIMS	AS-FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
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Total Indep			3								
Total Depend			29								
Total Claims			32								

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